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ATTORNEYS AT LAW

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213-620-1780 office | 213-620-1398 fax | [www.sheppardmullin.com](http://www.sheppardmullin.com)**FACSIMILE COVER SHEET****\*\* THIS FACSIMILE TRANSMISSION WILL NOT BE MAILED \*\***Date: March 9, 2006File Number: 11CX-121949Total number of pages:  
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Sheppard Mullin at 858-720-8900, ext. 7436**TO:**

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**Telephone No.**From: David E. HeiseyDirect Dial: 858-720-8936Re: Transmittal of Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address**MESSAGE:** Please see attached.**Certificate of Transmission under 37 CFR 1.8**I hereby certify that this correspondence is being facsimile transmitted  
to the United States Patent and Trademark Office on March 9, 2006.  
David E. Heisey**Transmittal Form (1 page)****Revocation of Power of Attorney with New Power of Attorney and****Change of Correspondence Address (1 page)**Applicant: Daniel LiebermanTitle: METHOD FOR THE FORMATION OF RF ANTENNAS...Serial No: 09/809,121

Filed: March 15, 2001

Examiner: Paul D. Kim

Group Art Unit: 3729Our Docket No.: 11CX-D1 (formerly 32574-2/P02)Date Faxed: 03/09/06Client: LiebermanDate Due: N/AAtty/Sec.: Heisey/McDougall

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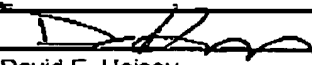
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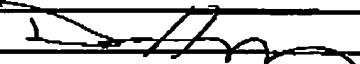
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/809,121	
	Filing Date	March 15, 2001	
	First Named Inventor	Daniel Lieberman	
	Art Unit	3729	
	Examiner Name	Paul D. Kim	
Total Number of Pages in This Submission	2	Attorney Docket Number	11CX-D1 (formerly 32574-2/P02)

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; min-height: 40px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sheppard Mullin Richter & Hampton LLP		
Signature			
Printed name	David E. Heisey		
Date	March 9, 2006	Reg. No.	42,651

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Typed or printed name	David E. Heisey	Date	March 9, 2006

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/809,121
Filing Date	March 15, 2001
First Named Inventor	Daniel Lieberman
Art Unit	3729
Examiner Name	KJ m
Attorney Docket Number	11CX-D1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 30764

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

30764

OR


<input type="checkbox"/> Firm or Individual Name			
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City	State	Zip	
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	DANIEL LIEBERMAN		
Date	03/03/06	Telephone	619 840 3106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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